

Letters to the Editor

Prior Publication of Data

To the Editor:

I am writing in response to the recent *Infection Control and Hospital Epidemiology* editorial policy statement regarding duplicate publication.¹ In the same issue of *Infection Control and Hospital Epidemiology*, we published a manuscript relating to healthcare workers' occupational exposures to blood and other body fluids.² We had published previously a paper describing the same data base as an invited paper in an acquired immunodeficiency syndrome (AIDS) issue of a subspecialty nursing journal.³ We were simply trying to disseminate this information to populations of individuals who might benefit from it.

In light of the new editorial policy statement, I thought we should make certain that *Infection Control and Hospital Epidemiology* was aware of the invited publication in the *Journal of Nurse-Midwifery*. Had we had access to the policy statement prior to submission or publication of our

paper, we would have submitted the earlier paper with our *Infection Control and Hospital Epidemiology* submission.

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REFERENCES

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2. Willy ME, Dhillon GL, Loewen NL, Wesley RA, Henderson DK. Adverse exposures and universal precautions practices among a group of highly exposed health professionals. *Infect Control Hosp Epidemiol.* 1990;11:351-356.
3. Loewen NL, Dhillon GL, Willy ME, Wesley RA, Henderson DK. Use of precautions by nurse-midwives to prevent occupational infection with HIV and other blood-borne diseases. *J Nurse-Midwifery* 1989;34:309-317.

Methicillin-Resistant *Staphylococcus aureus* in Long-Term Care Facilities

To the Editor:

The recent article "Methicillin-resistant *Staphylococcus*

aureus (MRSA) in Long-Term Care Facilities" by Kauffman and colleagues¹ provides an excellent review of the available information about this problem. In addition, they point out the many questions that remain unanswered about MRSA in long-term care facilities.

As an infectious diseases consultant, hospital epidemiologist, and infection control consultant to two nursing homes, I have had considerable experience with MRSA. My experience parallels, for the most part, that described by Kauffman and associates. However, I would like to emphasize the point made by these investigators about variations in findings depending on the population studied. Kauffman et al appropriately point out that their findings in a veterans' hospital-based nursing home population may not be applicable to patients in a private nursing home. This is an extremely important point for several reasons. First, the population in most nursing homes is predominantly female (mentioned by Dr. Kauffman) unlike the pre-

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